

Home Health Certification and Plan of Care				Order ID: 1195/632	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
X3LM64964681		07/15/2026		From: 07/15/2026 To: 09/12/2026	
				4. Medical Record No.	
				811	
				5. Provider No.	
				239350	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Jimmie Sloan				Evergreen Home Health	
4662 MERIDIAN LINE RD,				403 W Main Street Suite A1	
JOHANNESBURG, MI 497519582-				Gaylord, MI 49735-1887	
(989) 786-5827				989-214-1114	
				1184225021	
8. DOB				9. Sex	
03/02/1936				Male	
11. ICD		Principal Diagnosis		Date	
I26.99		Other pulmonary embolism without acute cor pulmonale		07/15/26	
13. ICD		Other Pertinent Diagnoses		Date	
I48.91		Unspecified atrial fibrillation		07/15/26	
M25.561		Pain in right knee		07/15/26	
R26.9		Unspecified abnormalities of gait and mobility		07/15/26	
J44.9		Chronic obstructive pulmonary disease unspecified		07/15/26	
N40.1		Benign prostatic hyperplasia with lower urinary tract symp		07/15/26	
F33.1		Major depressive disorder recurrent moderate		07/15/26	
14. DME and Supplies:				15. Safety Measures:	
walker, bath bench				anticoagulant precautions, fall precautions, ambulates with device, medical alert/lifeline	
16. Nutrition:				17. Allergies:	
Z. NO PHYSICIAN-ORDERED DIET				no known allergies	
18.A. Functional Limitations				18.B. Activities Permitted	
Hearing!Bowel/Bladder Incontinence!Ambulation				Walker, Independent at Home	
19. Mental & COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Pyschosocial Status: Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No					
20. Prognosis: Good					
22. A Rehabilitation Potential:				22.B.Discharge Plans	
SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.				family/caregiver will be responsible for managing treatment	
Homebound status: Symptoms identified support difficulty to leave home for medical services required.					
Clinical Condition					
Requiring Homecare: new onset afib, weakenss					
SN Careplans				SN Goals	
SN WK1: 1 (07/15/26-07/18/26) ,WK2: 1 (07/19/26-07/25/26) ,WK3: 1 (07/26/26-08/01/26) ,WK4: 1 (08/02/26-08/08/26) ,WK5: 1 (08/09/26-08/15/26) ,WK7: 1 (08/23/26-08/29/26) ,WK9: 1 (09/06/26-09/12/26)				PATIENT-STATED GOAL: Pt states increased mobility and strength and walk independently.	
PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 94 > 101.0, heart rate < 50 > 100, respiratory rate < 12 > 20, blood pressure systolic < 90 > 150, blood pressure diastolic < 60 > 100, O2 saturation < 90 > 100, pain < 0 > 7				GOALS	
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance				patient/caregiver recalls	
HOSPITALIZATION RISKS: 4. Multiple emergency department visits (2 or more) in the past 6 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion				* how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain	
STANDING ORDERS: Home Health Clinician to provide ongoing patient and caregiver education regarding prevention of skin breakdown and pressure injuries during the home health episode as clinically indicated.; Home Health Clinician to assess fall risk and provide ongoing patient and caregiver education regarding fall prevention and home safety measures throughout the home health episode as clinically indicated.; Home Health Clinician to assess, monitor, educate, and implement non-pharmacological pain management interventions as clinically indicated throughout the home health episode. Notify physician/authorized provider of uncontrolled pain, significant changes in pain status, or adverse medication effects.; Home Health Clinician to assess, monitor, and provide patient/caregiver education regarding mood status, signs and symptoms of depression, and coping strategies throughout the home health episode. Notify physician/authorized provider of significant mood changes, safety concerns, or worsening depressive symptoms.; Home Health Clinician to implement standard and transmission-based infection control precautions as indicated and provide ongoing patient/caregiver education regarding infection prevention throughout the home health episode. Notify physician/authorized provider of suspected or confirmed infection or clinical deterioration.; Home Health Clinician to assess, review, and reinforce patient/caregiver emergency preparedness plan throughout the home health episode, recertifications and resumptions of care.; Home Health Clinician to assess patient advance directive status and provide education regarding advance care planning throughout the home health episode. Assist with identification, completion, or updating of advance directive documents as appropriate and within scope of practice. Advance Directive:No Advance Directive				* teach relaxation skills and diversional activities	
PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, lung sounds not clear, M1610 - Urinary Incontinence, limited strength, Pain Effect on Sleep, Pain Interference with ADLs, B0200 - Hearing Deficit, B1000 - Vision Deficit				* recalls related medication(s) purpose, schedule	
				patient/caregiver recalls	
				* lifestyle modifications to manage respiratory condition including	
				* diet changes and regular exercise	
				* strategies to control shortness of breath	
				* home remedies to keep lungs healthy	
				* recalls related medication(s) purpose, schedule	
				patient/caregiver recalls	
				* strategies to minimize fatigue and exhaustion including work simplification	
				* energy conservation	
				* lifestyle changes	
				* diet	
				* recalls related medication(s) purpose, schedule	
				patient self-administers medications as prescribed	
				* recalls related medication(s) purpose, schedule	
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by ABRAHAM, ALEXIS RN SN on 07/15/2026					
24. Physician's Name and Address				26. I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.	
STEPHANIE RUTTERBUSH				F2F date : 07/10/2026	
3040 BOURN ST					
LEWISTON, MI 49756					
PHONE: (989) 786-4877 FAX: 19897316723 NPI: 1649652298					
27. Attending Physician's Signature and Date Signed : Date of physician last face-to-face				28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.	
				PAGE 1 of 2	

Home Health Certification and Plan of Care				Order ID: 1195/632	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
X3LM64964681		07/15/2026		From: 07/15/2026 To: 09/12/2026	
				4. Medical Record No.	
				811	
				5. Provider No.	
				239350	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Jimmie Sloan			Evergreen Home Health		
4662 MERIDIAN LINE RD,			403 W Main Street Suite A1		
JOHANNESBURG, MI 497519582-			Gaylord, MI 49735-1887		
(989) 786-5827			989-214-1114		
			1184225021		
PROCEDURES: cough/deep breathing exercises, incentive spirometer					
TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxation skills and diversional activities, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule					

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by ABRAHAM, ALEXIS RN SN	07/15/2026